

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040853

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

318  
1003  
7712  
FILED OCT 19 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN St. LouisLength of stay in lb  
4 days2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Illinois b. COUNTY Pikec. CITY  
OR  
TOWN Pearl,Inside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION St. Louis-Little Rock  
Hospitals, Inc.,Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
Box 36Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Frank

Efferd

Walston

4. DATE  
OF  
DEATHMonth  
Oct.Day  
8,Year  
1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

Oct. 1, 1887

## 9. AGE (last birthday)

75 years

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

B&amp;B Cook

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (City and state or country)

Eldred, Ill.

12. CITIZEN OF WHAT COUNTRY

U.S.

## 13a. FATHER'S NAME

Joe Walston

## 13b. MOTHER'S MAIDEN NAME

Elizabeth Hand

## 14. NAME OF HUSBAND OR WIFE

Lena Walston

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv)

No

## 17. INFORMANT

Keith Walston, East Alton, Ill.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Hemiplegia, right

## DUE TO (b)

Cerebral vascular accident

## DUE TO (c)

331X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Diabetes mellitus

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Oct. 4, 1962, to Oct. 8, 1962 and last saw him alive on Oct. 8, 1962

Death occurred at 9:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

1755 South Grand Blvd.,

## 22c. DATE SIGNED

10/9/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
Removal

## 23b. DATE

10-11-62

## 23c. NAME OF CEMETERY OR CREMATORY

Green Pond Cemetery

## 23d. LOCATION (City, town, or county)

Pearl, Ill.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Hanks Funeral Home - Hardin, Illinois.

## 25. DATE RECD. BY LOCAL REG.

OCT 10 1962

## 26. REGISTRAR'S SIGNATURE

Robert Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

1.

2.

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13.

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

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281207

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69

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harvey E. Monroe

Licensed Embalmer No. 4495

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

• If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.